



# 2012 SPRING VACATION CAMP

For Boys and Girls currently in Kindergarten through 5th Grades

Monday to Friday, April 2 to 6, 2012

9:00 a.m. to 3:00 p.m. - Fee: \$150 per camper

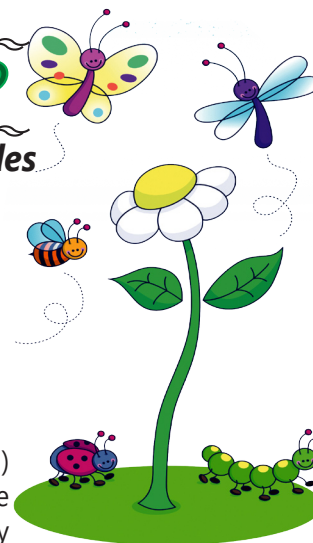
Harrison Center @ Lincoln Park

Santa Clara Ave & High St - Class #10660

**IT'S SPRING BREAK!** Come and hang out with your friends at our week-long adventure camp!



Activities include arts and crafts, cooking, games, drama, music, outside play (weather permitting) and a special field trip. (The field trip is still to be determined, however, lunch is included with the trip). All participants must bring a bag lunch and wear comfortable walking shoes, socks and play clothes to camp.



**BEFORE AND AFTER CAMP CARE AVAILABLE**  
**FOR AN ADDITIONAL COST OF \$70 PER CAMPER**  
**7:30 a.m. to 9:00 a.m. AND 3:00 p.m. to 5:30 p.m.**  
**Harrison Center (Lincoln Park) - Class #10661**

**PLEASE PICK UP YOUR CHILD ON TIME. THERE IS A \$1 PER MINUTE LATE FEE CHARGED FOR EVERY MINUTE YOU ARE LATE PICKING UP YOUR CHILD, PAYABLE THAT DAY.**

**PLEASE REGISTER EARLY! SPACE IS LIMITED**

There is a \$15 administrative fee for any cancellations or changes. **NO REFUNDS ISSUED.** You will receive credit on your ARPD account to be used for any future ARPD class or program.

**REGISTRATION DEADLINE:**  
**THURSDAY, MARCH 22, 2012**  
**SAVE TIME & REGISTER ONLINE AT:**  
**www.arpdeplay.com**

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) no later than **Thursday, March 22, 2012** to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. Register online at: [www.arpdeplay.com](http://www.arpdeplay.com) **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available.

*I give my child permission to participate in the ARPD's SPRING VACATION CAMP on Monday through Friday, April 2 to 6, 2012:*

**Please check all that apply:**

- ☐ **#10660 - SPRING VACATION CAMP - HARRISON CENTER - 9:00 a.m. - 3:00 pm. - \$150**  
☐ **#10661 - EXTENDED CARE - 7:30 a.m. to 9:00 a.m. and 3:00 p.m. to 5:30 p.m. - \$70**

**CHILD'S NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **AGE:** \_\_\_\_ **GRADE:** \_\_\_\_ ☐ **BOY** ☐ **GIRL**

**ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **HOME PHONE:** (\_\_\_\_) \_\_\_\_\_

*Please note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.*

**ALLERGIES, MEDICAL PROBLEMS, DIETARY RESTRICTIONS:** \_\_\_\_\_

**CURRENT MEDICATIONS:** \_\_\_\_\_

**MEDICAL RELEASE:** *I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.*

**DOCTOR'S NAME** \_\_\_\_\_ **PHONE (\_\_\_\_)** \_\_\_\_\_

**NAME OF INSURANCE** \_\_\_\_\_ **GROUP OR POLICY NUMBER** \_\_\_\_\_

**PERSON(S) AUTHORIZED TO PICK-UP CHILD FROM PROGRAM** \_\_\_\_\_

**MOM/GUARDIAN NAME** \_\_\_\_\_ **ADDRESS (if different)** \_\_\_\_\_

**HOME PHONE (if different) (\_\_\_\_)** \_\_\_\_\_ **WORK PHONE (\_\_\_\_)** \_\_\_\_\_ **CELL PHONE (\_\_\_\_)** \_\_\_\_\_

**DAD/GUARDIAN NAME** \_\_\_\_\_ **ADDRESS (if different)** \_\_\_\_\_

**HOME PHONE (if different) (\_\_\_\_)** \_\_\_\_\_ **WORK PHONE (\_\_\_\_)** \_\_\_\_\_ **CELL PHONE (\_\_\_\_)** \_\_\_\_\_

**IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT:** *(I understand it is my responsibility to provide current contact information)*

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **HOME PHONE (\_\_\_\_)** \_\_\_\_\_ **CELL/WORK (\_\_\_\_)** \_\_\_\_\_

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PAYMENT ENCLOSED: CASH** \_\_\_\_\_ **CHK#** \_\_\_\_\_ **MC/VISA** \_\_\_\_\_ **EXP DATE** \_\_\_\_\_